

Just a friendly reminder...

Key Takeaways



HOME AND
COMMUNITY-
BASED
SERVICES

1. Signatures are required.
2. Participant have choice in how their service planning and monitoring occurs.
3. Case managers must review and modify service plans, as necessary.
4. Background screening requirements apply.
5. Annual financial eligibility determination is required.

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As we end this training, we'd like to review some of the key items that case managers need to remember:

1. Beginning June 1, 2023, case managers must submit forms and documents needed for service plan renewals, modifications, and monitoring, with required signatures.
2. Case managers should encourage participants to meet with them in person for service plan development activities, but if the participant chooses to meet by phone or video, it is the participant's call. Case managers do not get to make that decision, nor should they try to sway the participant to make a decision that is more convenient for the case manager. Remember, if the participant chooses to meet virtually, this decision must be documented in the participant's service plan.
3. There are several flexibilities that, once eliminated, will affect participant services. By December 1, 2023, case managers must work with participants who are currently receiving services associated with these flexibilities, namely home-delivered meals and personal support that is provided through a senior center, to ensure they have a system in place to address the changes that will result from the elimination of these flexibilities. Case managers must modify the participant's service plan accordingly.
4. Effective May 1, 2023, agency providers must ensure they have the results of required background screenings for every employee, contractor, and volunteer who may have unsupervised direct contact with waiver participants in the regular course of their work. The results must be no more than five years old, must demonstrate that the provider staff member has successfully passed the screenings, and must be retained in the provider's files and made available to the HCBS Section upon request.
5. Finally, Wyoming Medicaid relaunched financial eligibility renewals in March 2023.

1. Financial eligibility must be determined annually. All eligibility requirements, as established in the CCW agreement, are being applied.



Questions???

Contact your Benefits and Eligibility or Provider Support Specialist

<https://health.wyo.gov/healthcarefin/hcbs/contacts-and-important-links/>

Thank you for participating in today's training on Wyoming's rollback of PHE flexibilities. If you have questions related to the information in this training, please contact your area Benefits and Eligibility Specialist or Provider Support Specialist. Contact information can be found by visiting the web address provided in the slide.